In re	EDWARD HASKELL BANKS	According to the calculations required by this statement:
	Debtor(s)	☐ The applicable commitment period is 3 years.
Case N		■ The applicable commitment period is 5 years.
	(If known)	■ Disposable income is determined under § 1325(b)(3).
		☐ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Pa	rt I.	REPORT OF IN	CO	ME				
	Marital/filing status. Check the box that applies a	and c	complete the balance	ce o	of this part of this state	mei	nt as directed.		
1	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.								
	b. \square Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10.								
	All figures must reflect average monthly income re						Column A		Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the						Debtor's		Spouse's
	six-month total by six, and enter the result on the a			, yc	ou must divide the		Income		Income
2	Gross wages, salary, tips, bonuses, overtime, con		•			\$	3,967.00	\$	
_	Income from the operation of a business, profess			t I	ine h from Line a and	Ψ	5,551155	Ψ	
	enter the difference in the appropriate column(s) o								
	profession or farm, enter aggregate numbers and p	rovi	de details on an att	ach	ment. Do not enter a				
2	number less than zero. Do not include any part of	of the	e business expense	es e	ntered on Line b as				
3	a deduction in Part IV.		Debtor	П	Spouse				
	a. Gross receipts	\$	0.00	\$	Броизе				
	b. Ordinary and necessary business expenses	\$	0.00	\$					
	c. Business income	Su	btract Line b from	Liı	ne a	\$	0.00	\$	
	Rents and other real property income. Subtract Line b from Line a and enter the difference in								
	the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any								
4	part of the operating expenses entered on Line b as a deduction in Part IV. Debtor Spouse								
·	a. Gross receipts	\$	0.00	\$					
	b. Ordinary and necessary operating expenses		0.00						
	c. Rent and other real property income	Sı	ubtract Line b from	ı Li	ne a	\$	0.00	\$	
5	Interest, dividends, and royalties.					\$	0.00	\$	
6	Pension and retirement income.					\$	0.00	\$	
	Any amounts paid by another person or entity,								
7	expenses of the debtor or the debtor's dependents, including child support paid for that								
,	purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is								
	listed in Column A, do not report that payment in			uiii	iii, ii a payment is	\$	0.00	\$	
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8.								
	However, if you contend that unemployment compensation received by you or your spouse was a								
8	benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:								
	Unemployment compensation claimed to be a benefit under the Social Security Act Debte	or \$	0.00 Sp	ous	se \$	\$	0.00	\$	

9	Income from all other sources. Specify source as on a separate page. Total and enter on Line 9. Do maintenance payments paid by your spouse, but separate maintenance. Do not include any bene payments received as a victim of a war crime, criminternational or domestic terrorism.	o not include alimony at include all other pay fits received under the	or separate ments of alimony or Social Security Act or			
	g	Debtor	Spouse \$			
	a. \$ b. \$		\$	\$ 0.0	0 \$	
10	Subtotal. Add Lines 2 thru 9 in Column A, and, i in Column B. Enter the total(s).	f Column B is complet	ed, add Lines 2 through 9	\$ 3,967.0	0 \$	
11	Total. If Column B has been completed, add Line the total. If Column B has not been completed, en			\$		3,967.00
	Part II. CALCULATIO			PERIOD		
12	Enter the amount from Line 11				\$	3,967.00
13	Marital Adjustment. If you are married, but are calculation of the commitment period under § 132 enter on Line 13 the amount of the income listed the household expenses of you or your dependent income (such as payment of the spouse's tax liabil debtor's dependents) and the amount of income do on a separate page. If the conditions for entering a. b. c.	25(b)(4) does not required in Line 10, Column B to and specify, in the line lity or the spouse's supplevoted to each purpose.	re inclusion of the income hat was NOT paid on a reg es below, the basis for exc port of persons other than to If necessary, list addition	of your spouse, gular basis for luding this he debtor or the		
	Total and enter on Line 13	Ψ			\$	0.00
14	Subtract Line 13 from Line 12 and enter the re	sult.			\$	3,967.00
15	Annualized current monthly income for § 1325 enter the result.	(b)(4). Multiply the an	nount from Line 14 by the	number 12 and	\$	47,604.00
16	Applicable median family income. Enter the medinformation is available by family size at www.us				•	
	a. Enter debtor's state of residence:	b. Enter del	otor's household size:	1	\$	39,891.00
17	Application of § 1325(b)(4). Check the applicable ☐ The amount on Line 15 is less than the amount op of page 1 of this statement and continue were at the top of page 1 of this statement at the top of page 1 of this statement at the top of	unt on Line 16. Check with this statement. mount on Line 16. Ch	the box for "The applicab			·
	Part III. APPLICATION OF § 1	1325(b)(3) FOR DETI	ERMINING DISPOSABI	LE INCOME		
18	Enter the amount from Line 11.				\$	3,967.00
19	Marital Adjustment. If you are married, but are any income listed in Line 10, Column B that was debtor or the debtor's dependents. Specify in the I payment of the spouse's tax liability or the spouse dependents) and the amount of income devoted to separate page. If the conditions for entering this a a. b. c.	NOT paid on a regular ines below the basis fo 's support of persons of each purpose. If neces	basis for the household ex r excluding the Column B ther than the debtor or the sary, list additional adjust	penses of the income(such as debtor's		
	Total and enter on Line 19.				\$	0.00
20	Current monthly income for § 1325(b)(3). Subt	ract Line 19 from Line	18 and enter the result.		\$	3,967.00

21		alized current monthly inc	ome for § 1325(b)(3). N	Multip	oly the amount from Line 2	20 by the number 12 and	\$	47,604.00
22	Applicable median family income. Enter the amount from Line 16.					\$	39,891.00	
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determ 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Part						t deterr	nined under §
					DEDUCTIONS FR			.,
		Subpart A: D	eductions under Star	ndar	ds of the Internal Reve	enue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					\$	583.00	
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. Persons under 65 years of age Persons 65 years of age or older					onal Standards for lable at cable number of persons of are 65 years of age or ory that would currently tional dependents whom and enter the result in Line 24B.		
	a1.	Allowance per person	60	a2.	Allowance per person	144		
	b1.	Number of persons	1	b2.	Number of persons	0		
	c1.	Subtotal	60.00	c2.	Subtotal	0.00	\$	60.00
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.					his information is e family size consists of	\$	418.00
25B	not enter an amount less than zero.							
	b. Average Monthly Payment for any debts secured by your				0.00			
	c.	Net mortgage/rental expen			Subtract Line b fr		\$	939.00
26	25B do Standa	Standards: housing and upoes not accurately compute ards, enter any additional and tion in the space below:	the allowance to which	you a	re entitled under the IRS I	Housing and Utilities	\$	0.00
	l —						Ψ	0.00

	Local Standards: transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation.		
27A	Check the number of vehicles for which you pay the operating expens		
2/14	included as a contribution to your household expenses in Line 7. Output Description:		
	If you checked 0, enter on Line 27A the "Public Transportation" amo Transportation. If you checked 1 or 2 or more, enter on Line 27A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/	e "Operating Costs" amount from IRS Local e applicable Metropolitan Statistical Area or	\$ 244.00
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.gg court.)	you are entitled to an additional deduction for ransportation" amount from the IRS Local	\$ 0.00
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owner vehicles.) 1 2 or more.	ship/lease expense for more than two	
28	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 1, as stated in Li the result in Line 28. Do not enter an amount less than zero.		
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$ 0.00	
	b. 1, as stated in Line 47	\$ 0.00	
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$ 0.00
29	the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Li the result in Line 29. Do not enter an amount less than zero.		
	a. IRS Transportation Standards, Ownership Costs	\$ 0.00	
	Average Monthly Payment for any debts secured by Vehicle b. 2, as stated in Line 47	\$ 0.00	
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$ 0.00
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$ 300.00
	Other Necessary Expenses: involuntary deductions for employmen		
31	deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$ 0.00
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$ 0.00	
33	Other Necessary Expenses: court-ordered payments. Enter the tot pay pursuant to the order of a court or administrative agency, such as include payments on past due obligations included in line 49.	\$ 650.00	
34	Other Necessary Expenses: education for employment or for a phythe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depproviding similar services is available.	ion that is a condition of employment and for	\$ 0.00
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$ 0.00

36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.	\$	0.00		
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service-to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$	60.00		
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 through 37.	\$	3,254.00		
	Subpart B: Additional Living Expense Deductions Note: Do not include any expenses that you have listed in Lines 24-37				
1	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.				
39	a. Health Insurance \$ 0.00				
ı	b. Disability Insurance \$ 0.00				
İ	c. Health Savings Account \$ 0.00				
ı	Total and enter on Line 39	\$	0.00		
ı	If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:				
	<u>\$</u>				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.				
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$	0.00		
42	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00		
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$	0.00		
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$	0.00		
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.	\$	0.00		
	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45.	\$	0.00		

		Subpart C: Deductions for	Debt Payment			
47	own, list the name of creditor, i check whether the payment incl scheduled as contractually due	claims. For each of your debts that is seed dentify the property securing the debt, st udes taxes or insurance. The Average M to each Secured Creditor in the 60 months ry, list additional entries on a separate party.	ate the Average Mont fonthly Payment is the hs following the filing	hly Payment, and total of all amounts of the bankruptcy		
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance		
	aNONE-		\$ Total: Add Lin	□yes □no	\$	0.00
48	motor vehicle, or other property your deduction 1/60th of any ar payments listed in Line 47, in o sums in default that must be par	aims. If any of debts listed in Line 47 a recessary for your support or the support mount (the "cure amount") that you must reder to maintain possession of the proper id in order to avoid repossession or forectly, list additional entries on a separate pagarrane pagarrane.	ort of your dependents pay the creditor in ad- rty. The cure amount closure. List and total ge.	you may include in dition to the would include any		
	aNONE-		Φ	Total: Add Lines	\$	0.00
49	priority tax, child support and a not include current obligation	rity claims. Enter the total amount, dividimony claims, for which you were liables, such as those set out in Line 33. Denses. Multiply the amount in Line a byte.	e at the time of your b	ankruptcy filing. Do	\$	289.21
50	b. Current multiplier for y issued by the Executive information is available the bankruptcy court.)	thly Chapter 13 plan payment. Four district as determined under schedule Office for United States Trustees. (This e at www.usdoj.gov/ust/ or from the clerinistrative expense of chapter 13 case	3	1,100.67 4.60 Lines a and b	\$	50.63
51	Total Deductions for Debt Pag	yment. Enter the total of Lines 47 throu	gh 50.		\$	339.84
	1	Subpart D: Total Deduction	ns from Income		1	
52	Total of all deductions from in	ncome. Enter the total of Lines 38, 46, a			\$	3,593.84
		RMINATION OF DISPOSABI		DER § 1325(b)(2		
53		Enter the amount from Line 20.	. 3 02.32	⊕(~)(-	\$	3,967.00
54	Support income. Enter the mopayments for a dependent child	nthly average of any child support paym, reported in Part I, that you received in cessary to be expended for such child.			\$	0.00
55		ns. Enter the monthly total of (a) all am ified retirement plans, as specified in § 5 specified in § 362(b)(19).			\$	0.00
					1	

	Deduction for special circumstances. If there are there is no reasonable alternative, describe the special in necessary, list additional entries on a separate provide your case trustee with documentation of the special circumstances that make such experience.					
57	Nature of special circumstances	Amount of Expense				
	a.	\$				
	b.	\$				
	c.	\$				
		Total: Add Lines	\$	0.00		
58	Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.					
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$	373.16		
	Part VI. AD	DDITIONAL EXPENSE CLAIMS				
	Other Expenses. List and describe any monthly e of you and your family and that you contend shou 707(b)(2)(A)(ii)(I). If necessary, list additional so each item. Total the expenses.	nder §				
60	Expense Description	Monthly Amount				
	a.	\$				
	b.	\$				
	c.	\$				
	d.	tal: Add Lines a, b, c and d \$				
	<u> </u>	Part VII. VERIFICATION				
	T					
61	I declare under penalty of perjury that the information must sign.) Date: July 11, 2013	ation provided in this statement is true and correct. (If this is a join Signature: /s/ EDWARD HASKELL BA		both debtors		

(Debtor)